

# Childcare Enrollment Application

Parents, to protect and promote the health and safety of your child, please supply a **complete** response to every item on this form. This information is **required** by the Mississippi State Department of Health. If the item is not applicable, then please answer N/A. Please do **not** leave anything blank.

Child's Full Name: _____ (First)	
DOB: _____ (Middle)	Home Address: _____ (Last)
Home/Cell Phone: _____	

Mother/Guardian: _____	Father/Guardian: _____
<input type="checkbox"/> Please check if this parent has primary custody	<input type="checkbox"/> Please check if this parent has primary custody
<input type="checkbox"/> Please check if court documentation received	<input type="checkbox"/> Please check if court documentation received

**\*If custody is shared by both parents/guardians, the facility will abide by documentation provided on this enrollment application.**

Place of Employment: _____	Place of Employment: _____
Work Address: _____	Work Address: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail Address: _____	E-mail Address: _____

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List any **special needs** your child may have: \_\_\_\_\_

Does your child have any **allergies**? Please list, including food, if necessary: \_\_\_\_\_

## Read and INITIAL the appropriate answer to the following items:

I have been informed that this Daycare Center does NOT provide liability insurance for my child:	____ Yes ____ No
I have been given a copy of and have read the MSDH Regulation Summary for Parents:	____ Yes ____ No
I have been given and have read and understand the facility's Parent Handbook:	____ Yes ____ No
Complete 121 Immunization Compliance Form is on file in the facility before the child attends:	____ Yes ____ No

**\*\*\*\*\*PLEASE CONTINUE ON BACK\*\*\*\*\***

In case of emergency and the Parents/Guardians cannot be reached, please contact:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**The following people are authorized to pick-up and drop-off my child/children:**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_ 3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_ 5. Name: \_\_\_\_\_ 6. Name: \_\_\_\_\_

7. Name: \_\_\_\_\_ 8. Name: \_\_\_\_\_ 9. Name: \_\_\_\_\_

**Complete each of the following sections by INITIALING either yes or no:**

My child may be photographed at the childcare center: \_\_\_\_\_ Yes \_\_\_\_\_ No

My child's picture may be used in media, i.e., Facebook, newspaper, etc... \_\_\_\_\_ Yes \_\_\_\_\_ No

My child may take approved field trips sponsored by the center: \_\_\_\_\_ Yes \_\_\_\_\_ No

The center may obtain emergency medical treatment for my child if needed \_\_\_\_\_ Yes \_\_\_\_\_ No

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My child is toilet trained \_\_\_Yes \_\_\_No. If no, a consultation between the parent & caregiver is required to be documented prior to toilet training & kept on file. Date of consultation \_\_\_/\_\_\_/\_\_\_.

My child will eat breakfast/morning snack at the center \_\_\_Yes \_\_\_No. If no, my child will eat BEFORE coming into the center.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Record to be updated & signed by a parent if NO changes (once a year):**

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

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**DIRECTOR USE ONLY:** Enrollment date: \_\_\_/\_\_\_/\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ Withdrawal: \_\_\_/\_\_\_/\_\_\_

**PARENTAL AUTHORIZATIONS/UPDATES**

To be completed by parents at least once annually, or when changes occur.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Change of Address?  Yes  No. If yes, please list new address \_\_\_\_\_

\_\_\_\_\_

Change of Phone #?  Yes  No. If yes, please list new phone # \_\_\_\_\_

\_\_\_\_\_

The following people can pick-up and drop-off my child:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

My child may be photographed/video-taped at the facility.  Yes  No;  
By the media  Yes  No; For social media (e.g., Facebook)  Yes  No.

My child may participate in approved field trips sponsored by the facility.  Yes  No.  
I understand a separate permission form must be signed for each field trip.  Yes  No.  
The facility has my permission to obtain emergency medical treatment for my child  Yes  No.  
If no, list instructions

\_\_\_\_\_  
\_\_\_\_\_

Two (2) emergency contacts if the parent(s) or guardian(s) can not be located promptly:

1. Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)